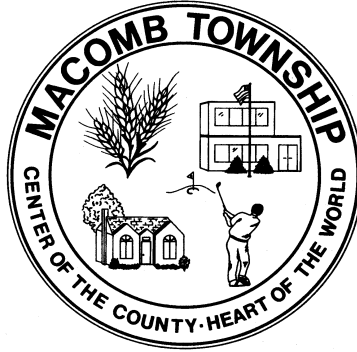


# MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 x 4



## APPLICATION PACKET FOR CERTIFICATE OF ZONING COMPLIANCE

### APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Clerk's Office.

Please use only the forms provided with this application.

No other forms, however similar, will be accepted.

The information contained herein represent requirements contained in the  
Macomb Township Zoning Ordinance #10

**Michael D. Koehs, CMC**  
**Township Clerk**

## **CHECKLIST OF DOCUMENTS FOR APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE**

**MACOMB TOWNSHIP  
54111 BROUGHTON ROAD  
MACOMB, MICHIGAN 48042  
(586) 992-0710 EXT 4.**

Please make a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Clerk's Office:

- ☐ One (1) completed Application form, found on page 2.
- ☐ Payment of review fee of \$250.00 payable to 'Macomb Township Treasurer'. **(Funds are Non-refundable).**
- ☐ Ten (10) copies of Site Plan showing the specific location of the proposed use. Indicate which "lot" or "unit" will be occupied. **Note:** All plans must be drawn to scale and tri-folded.
- ☐ Ten (10) copies of Floor Plan. Please be as detailed as possible and indicate any large equipment to be used. **Note:** Plans must be drawn to scale and any plans larger than 8½" by 11" must be tri-folded.
- ☐ One (1) letter explaining the type of business, i.e. manufacturing of tool parts, dentist, real estate office, video store, etc. List the number of employees to be on site for each work shift and number of company vehicles. You may use the Document Supporting the Request sheet, found on page 3.
- ☐ One (1) completed Affidavit of Ownership form, found on page 4.
- ☐ Two (2) copies of proof of ownership; land contract, affidavit of land contract, option agreement, deed or lease agreement.
- ☐ One (1) completed Verification of Recorded Legal Property form, found on page 5. **(Must be signed by Township Assessor).**

### **CERTIFICATE OF ZONING COMPLIANCE REVIEW PROCESS**

- Step 1:** Applicant submits a completed application packet (see checklist).
- Step 2:** Clerk's Office distributes plans to the Township Supervisor, Planning Consultant, Engineering Consultant, Building Official, Water & Sewer Superintendent, Assessor and Fire Inspector.
- Step 3:** Each department will return their written comments to the Clerk within 5 calendar days.
- Step 4:** Once it has received all of the departmental reviews, the Clerk's Office will either communicate to the Building Official that the Certificate of Zoning Compliance may be issued, or communicate any issues that must be addressed to the applicant.
- Step 5:** If applicable, the applicant must address any outstanding issues identified during the departmental review, then submit a written request to the Clerk's Office for another review.
- Step 6:** Once all of the departments are satisfied, and the Clerk's Office has communicated the recommendation of approval to the Building Official, the actual Certificate of Zoning Compliance is issued by the Building Department.

## **APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE**

Name of Proposed Business: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Previous Approvals: \_\_\_\_\_

Location: \_\_\_\_\_ Zoning: \_\_\_\_\_

Parcel No. \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Unit No. (if applicable) \_\_\_\_\_

### **Legal Owner of Property Described Above:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Description of Alterations to Existing Building:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Applicant's Representative:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name of Applicant

## DOCUMENTATION SUPPORTING THE REQUEST

**Name of Project** \_\_\_\_\_

**Permanent Parcel Number. 08 -    -    -    -    .**

**Applicant's Name**\_\_\_\_\_ **Phone**\_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Applicants' Representative Name:**\_\_\_\_\_ **Phone**\_\_\_\_\_

**Please provide a detailed description of the proposed project.** For a technical change or revised site plan, please describe in detail the changes made from the original site plan. For a Certificate of Zoning Compliance or Site Plan Review, list number of employees to be on site for each work shift and number of vehicles, if any.

[illegible]

PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION SUPPORTING THIS REQUEST

**Applicant's Signature**

## **AFFIDAVIT OF OWNERSHIP**

**PLEASE TAKE NOTICE** that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, etc.).** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to \_\_\_\_\_, it is necessary to establish the fee title holder's intention and desire to have the subject property receive Township approval.  
(Land contract, option, lease, etc.)

(I), (We), \_\_\_\_\_, the undersigned fee title owner(s) of property  
(name)  
hereinafter referenced, acknowledge (my) (our) intention and desire to have the property described within the attached application for \_\_\_\_\_ receive consideration by Macomb Township.  
(type of application to be filed)

(I), (We) further authorize \_\_\_\_\_ as a(n) \_\_\_\_\_  
(name of applicant) (recite applicant's interest in property)  
of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

**PLEASE HAVE THE OWNER(S) SIGN BELOW:**

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

\_\_\_\_\_  
(name) (owner)

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**THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:**

08 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

STATE OF MICHIGAN  
ss.  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally appeared \_\_\_\_\_  
(name of applicant)  
\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_  
(he, she, they) (his, her, their)  
free act and deed.

\_\_\_\_\_  
Notary Public  
Macomb County, Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in Macomb County, Michigan

## VERIFICATION OF RECORDED LEGAL PROPERTY

PROJECT NAME \_\_\_\_\_

### Application To Be Filed (check off)

- |                                             |                                                     |                                                           |
|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Variance           | <input type="checkbox"/> Tentative Preliminary Plat | <input type="checkbox"/> Sign(s) / Ground Sign            |
| <input type="checkbox"/> Rezoning           | <input type="checkbox"/> Final Preliminary Plat     | <input type="checkbox"/> Certificate of Zoning Compliance |
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Preliminary Plan Review    | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Final Plan Review          |                                                           |
| <input type="checkbox"/> Revised Site Plan  | <input type="checkbox"/> House Move-on              |                                                           |

PERMANENT PARCEL NO. 08 - \_ \_ - \_ \_ - \_ \_ .

PUBLIC ROAD(S) FRONTAGE \_\_\_\_\_

ADDRESS OF PARCEL (if available) \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

**LEGAL DESCRIPTION  
(INSERT HERE)**

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### Do Not Write Below This Line – Assessor's Use Only

Is the property proposed for use properly recorded with Macomb Township? ☐ YES ☐ NO

COMMENTS:

\_\_\_\_\_  
**Phyllis Sharbo, Township Assessor**